

17607 U.S. PTO  
022004PATENT  
USA.292-117510 US PTO  
10/783908  
022004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Jon Jody Fong ) Attorney Docket No.: USA.292-1  
Title: Cooling Techniques in Solid ) Express Mail Label No.: EV233757969US  
Freeform Fabrication )  
Date Filed: February 20, 2004 ) Customer No.: 022514  
A Divisional of Appl. No. 10/001,727 )

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Va 22313-1450

UTILITY PATENT APPLICATION TRANSMITTAL

|  |                        |
|--|------------------------|
| <u>Certificate Under 37 CFR §1.10</u>  |                        |
| I hereby certify that this correspondence<br>is being deposited with the United<br>States Postal Service in an envelope as<br>"Express Mail Post Office to Addressee"<br>Mailing Label EE077045520US to: |                        |
| Assistant Commissioner for Patents<br>Washington D.C. 20231, on  |                        |
| <u>February 20, 2004</u>   |                        |
| Date of Deposit  | <u>Carolyn Cerrato</u> |
| Name   | <u>Carolyn Cerrato</u> |
| Signature  |                        |

Transmitted herewith for filing is the patent application of Inventor: Jon Jody Fong.

**APPLICATION ELEMENTS**

- 1. Fee Transmittal Form.**
- 2. Type of Application.**

This new application is for a(n) (*check one applicable item below*):

- Original  
 Divisional  
 Continuation  
 Continuation-in-part (CIP) of Prior Application No.:  
Attorney Docket No.: Filed:

- 3. Papers Enclosed Which Are Required For Filing Date Under 37 CFR 1.53(b).**

- |  |               |                        |
|--|---------------|------------------------|
| <input checked="" type="checkbox"/> Pages of Specification | Total Pages:  | <u>30</u>              |
| <input checked="" type="checkbox"/> Drawings - Formal      | Total Sheets: | <u>15</u> (20 Figures) |

- Oath or Declaration and Power of Attorney for Patent Application  
    Newly executed (original or copy)  
 Copy from a prior application (37 CFR 1.63(d))

**4. Additional Papers Enclosed.**

- Assignment Papers (cover sheet & document(s))  
 Information Disclosure Statement (IDS)/PTO-1449  
    Copies of IDS Citations  
 Return Receipt Postcard (MPEP 503)

**5. Inventorship.**

The inventorship names and addresses for all the claims in this application are:

Jon Jody Fong  
22452 Galilee Street  
Calabasas, California 91302

**6. Language.**

- English

Dated: February 20, 2004



Ralph D'Alessandro  
Reg. No. 28,838  
Attorney for Applicant

3D Systems, Inc.  
26081 Avenue Hall  
Valencia, CA 91355  
(616) 295-5600, ext. 2470

- Statement Where No Further Pages Added.  
 This Transmittal Ends With This Page.

022004

17607 U.S.PTO

PTO/SB/17 (10-03)  
Approved for use through 07/31/2006. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2004

*Effective 10/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

|                         |               |          |
|-------------------------|---------------|----------|
| TOTAL AMOUNT OF PAYMENT | ( <u>\$</u> ) | \$434.00 |
|-------------------------|---------------|----------|

## Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | To Be Assigned    |
| Filing Date          | February 20, 2004 |
| First Named Inventor | Jon Jody Fong     |
| Examiner Name        | To Be Assigned    |
| Art Unit             | To Be Assigned    |
| Attorney Docket No.  | USA.292-1         |

| METHOD OF PAYMENT (check all that apply)   |                     | FEE CALCULATION (continued)  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
|--|---------------------|--|--|--|--|--------------|--------------|-----------------|----------|----------|---------------|----------|--|------|-----|---------|-------------------------------------|------|----|---------|--|------|-----|----------|-----------------------------|------|-------|------------|---|------|------|-----------|--|------|--------|-------------|---|------|-----|---------|--|------|-----|----------|---|------|-----|----------|--|------|-------|----------|---|------|-------|------------|--|------|-----|----------|------------------|------|-----|----------|--|------|-----|----------|--------------------------|------|-------|------------|---|------|-----|---------|----------------------------------|------|-------|----------|------------------------------------|------|-------|----------|--------------------------------|------|-----|----------|------------------|------|-----|----------|-----------------|--------------|----|-------------------------|--|--------------------|---|-------------------------|--|--------------------|--|--|--|---------------------|---------------------|------------------------|--|----------|---------------|----------|--|------|----|--------|------------------------|------|----|---------|-----------------------------------|------|-----|----------|---------------------------------------|------|----|---------|--|------|----|--------|--|-------------------------------|--|-----------------|--|---------------------|--|-----------------------|-----------------|--------------|----|-------------------------|--|--------------------|---|-------------------------|--|--------------------|--|--|--|---------------------|---------------------|------------------------|--|----------|---------------|----------|--|------|----|---------|---------------------------------------|------|-----|----------|--|------|----|---------|--|------|-----|----------|---|------|-----|----------|--|------|-----|----------|---|------|-----|----------|---|---------------------|--|--|--|------------------------|--|---------------|--|---|--|--|--|--|--|-------------------------------|----------------|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number <b>20-0900</b><br>Deposit Account Name <b>3D Systems, Inc.</b> |                     | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee Code (\$)</td><td>Fee (\$)</td><td></td></tr> <tr><td>1051</td><td>130</td><td>2051 65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052 25</td><td>Surcharge - late provisional filing fee or cover sheet</td></tr> <tr><td>1053</td><td>130</td><td>1053 130</td><td>Non - English specification</td></tr> <tr><td>1812</td><td>2,520</td><td>1812 2,520</td><td>For filing a request for ex parte reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804 920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805 1,840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251 55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>420</td><td>2252 210</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>950</td><td>2253 475</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1,480</td><td>2254 740</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>2,010</td><td>2255 1,005</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>330</td><td>2401 165</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>330</td><td>2402 165</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>290</td><td>2403 145</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1,510</td><td>1451 1,510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452 55</td><td>Petition to revive - unavoidable</td></tr> <tr><td>1453</td><td>1,330</td><td>2453 665</td><td>Petition to revive - unintentional</td></tr> <tr><td>1501</td><td>1,330</td><td>2501 665</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>1502</td><td>480</td><td>2502 240</td><td>Design issue fee</td></tr> <tr><td>1503</td><td>640</td><td>2503 320</td><td>Plant issue fee</td></tr> <tr><td>Total Claims</td><td>21</td><td>-20** = 1 X 9.00 = 9.00</td><td></td></tr> <tr><td>Independent Claims</td><td>2</td><td>- 3** = 0 X 0.00 = 0.00</td><td></td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td></td></tr> <tr> <td><b>Large Entity</b></td> <td><b>Small Entity</b></td> <td><b>Fee Description</b></td> <td></td> </tr> <tr><td>Fee Code</td><td>Fee Code (\$)</td><td>Fee (\$)</td><td></td></tr> <tr><td>1202</td><td>18</td><td>2202 9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>86</td><td>2201 43</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>290</td><td>2203 145</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>86</td><td>2204 43</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205 9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> <tr> <td colspan="2"><b>SUBTOTAL (1)      (\$)</b></td> <td><b>\$385.00</b></td> <td></td> </tr> <tr> <td colspan="2"><b>Extra Claims</b></td> <td><b>Fee from below</b></td> <td><b>Fee Paid</b></td> </tr> <tr> <td>Total Claims</td> <td>21</td> <td>-20** = 1 X 9.00 = 9.00</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>- 3** = 0 X 0.00 = 0.00</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>Large Entity</b></td> <td><b>Small Entity</b></td> <td><b>Fee Description</b></td> <td></td> </tr> <tr><td>Fee Code</td><td>Fee Code (\$)</td><td>Fee (\$)</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807 50</td><td>Processing fee under 37 CFR § 1.17(q)</td></tr> <tr><td>1806</td><td>180</td><td>1806 180</td><td>Submission of Information Disclosure Statement</td></tr> <tr><td>8021</td><td>40</td><td>8021 40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>1809</td><td>770</td><td>2809 385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>1810</td><td>770</td><td>2810 385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td>1801</td><td>770</td><td>2801 385</td><td>Request for Continued Examination (RCE)</td></tr> <tr><td>1802</td><td>900</td><td>1802 900</td><td>Request for expedited examination of a design application</td></tr> <tr> <td colspan="2">Other fee (specify)</td> <td></td> <td></td> </tr> <tr> <td colspan="2">SUBTOTAL (2)      (\$)</td> <td><b>\$9.00</b></td> <td></td> </tr> <tr> <td colspan="2">*or number previously paid, if greater; For Reissues, see above</td> <td></td> <td></td> </tr> <tr> <td colspan="2"></td> <td><b>SUBTOTAL (3)      (\$)</b></td> <td><b>\$40.00</b></td> </tr> </tbody> </table> |  |  |  | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee Code (\$) | Fee (\$) |  | 1051 | 130 | 2051 65 | Surcharge - late filing fee or oath | 1052 | 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet | 1053 | 130 | 1053 130 | Non - English specification | 1812 | 2,520 | 1812 2,520 | For filing a request for ex parte reexamination | 1804 | 920* | 1804 920* | Requesting publication of SIR prior to Examiner action | 1805 | 1,840* | 1805 1,840* | Requesting publication of SIR after Examiner action | 1251 | 110 | 2251 55 | Extension for reply within first month | 1252 | 420 | 2252 210 | Extension for reply within second month | 1253 | 950 | 2253 475 | Extension for reply within third month | 1254 | 1,480 | 2254 740 | Extension for reply within fourth month | 1255 | 2,010 | 2255 1,005 | Extension for reply within fifth month | 1401 | 330 | 2401 165 | Notice of Appeal | 1402 | 330 | 2402 165 | Filing a brief in support of an appeal | 1403 | 290 | 2403 145 | Request for oral hearing | 1451 | 1,510 | 1451 1,510 | Petition to institute a public use proceeding | 1452 | 110 | 2452 55 | Petition to revive - unavoidable | 1453 | 1,330 | 2453 665 | Petition to revive - unintentional | 1501 | 1,330 | 2501 665 | Utility issue fee (or reissue) | 1502 | 480 | 2502 240 | Design issue fee | 1503 | 640 | 2503 320 | Plant issue fee | Total Claims | 21 | -20** = 1 X 9.00 = 9.00 |  | Independent Claims | 2 | - 3** = 0 X 0.00 = 0.00 |  | Multiple Dependent |  |  |  | <b>Large Entity</b> | <b>Small Entity</b> | <b>Fee Description</b> |  | Fee Code | Fee Code (\$) | Fee (\$) |  | 1202 | 18 | 2202 9 | Claims in excess of 20 | 1201 | 86 | 2201 43 | Independent claims in excess of 3 | 1203 | 290 | 2203 145 | Multiple dependent claim, if not paid | 1204 | 86 | 2204 43 | ** Reissue independent claims over original patent | 1205 | 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | <b>SUBTOTAL (1)      (\$)</b> |  | <b>\$385.00</b> |  | <b>Extra Claims</b> |  | <b>Fee from below</b> | <b>Fee Paid</b> | Total Claims | 21 | -20** = 1 X 9.00 = 9.00 |  | Independent Claims | 2 | - 3** = 0 X 0.00 = 0.00 |  | Multiple Dependent |  |  |  | <b>Large Entity</b> | <b>Small Entity</b> | <b>Fee Description</b> |  | Fee Code | Fee Code (\$) | Fee (\$) |  | 1807 | 50 | 1807 50 | Processing fee under 37 CFR § 1.17(q) | 1806 | 180 | 1806 180 | Submission of Information Disclosure Statement | 8021 | 40 | 8021 40 | Recording each patent assignment per property (times number of properties) | 1809 | 770 | 2809 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 1810 | 770 | 2810 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | 1801 | 770 | 2801 385 | Request for Continued Examination (RCE) | 1802 | 900 | 1802 900 | Request for expedited examination of a design application | Other fee (specify) |  |  |  | SUBTOTAL (2)      (\$) |  | <b>\$9.00</b> |  | *or number previously paid, if greater; For Reissues, see above |  |  |  |  |  | <b>SUBTOTAL (3)      (\$)</b> | <b>\$40.00</b> |
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| Fee Code   | Fee Code (\$)       | Fee (\$)   |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1051   | 130                 | 2051 65  | Surcharge - late filing fee or oath  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1052   | 50                  | 2052 25  | Surcharge - late provisional filing fee or cover sheet                     |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1053   | 130                 | 1053 130   | Non - English specification  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1812   | 2,520               | 1812 2,520   | For filing a request for ex parte reexamination                            |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1804   | 920*                | 1804 920*  | Requesting publication of SIR prior to Examiner action                     |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1805   | 1,840*              | 1805 1,840*  | Requesting publication of SIR after Examiner action                        |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1251   | 110                 | 2251 55  | Extension for reply within first month                                     |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1252   | 420                 | 2252 210   | Extension for reply within second month                                    |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1253   | 950                 | 2253 475   | Extension for reply within third month                                     |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1254   | 1,480               | 2254 740   | Extension for reply within fourth month                                    |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1255   | 2,010               | 2255 1,005   | Extension for reply within fifth month                                     |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1401   | 330                 | 2401 165   | Notice of Appeal   |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1402   | 330                 | 2402 165   | Filing a brief in support of an appeal                                     |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1403   | 290                 | 2403 145   | Request for oral hearing   |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1451   | 1,510               | 1451 1,510   | Petition to institute a public use proceeding                              |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1452   | 110                 | 2452 55  | Petition to revive - unavoidable   |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1453   | 1,330               | 2453 665   | Petition to revive - unintentional   |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1501   | 1,330               | 2501 665   | Utility issue fee (or reissue)   |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1502   | 480                 | 2502 240   | Design issue fee   |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1503   | 640                 | 2503 320   | Plant issue fee  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Total Claims   | 21                  | -20** = 1 X 9.00 = 9.00  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Independent Claims   | 2                   | - 3** = 0 X 0.00 = 0.00  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Multiple Dependent   |                     |  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| <b>Large Entity</b>  | <b>Small Entity</b> | <b>Fee Description</b>   |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Fee Code   | Fee Code (\$)       | Fee (\$)   |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1202   | 18                  | 2202 9   | Claims in excess of 20   |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1201   | 86                  | 2201 43  | Independent claims in excess of 3  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1203   | 290                 | 2203 145   | Multiple dependent claim, if not paid                                      |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1204   | 86                  | 2204 43  | ** Reissue independent claims over original patent                         |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1205   | 18                  | 2205 9   | ** Reissue claims in excess of 20 and over original patent                 |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| <b>SUBTOTAL (1)      (\$)</b>  |                     | <b>\$385.00</b>  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| <b>Extra Claims</b>  |                     | <b>Fee from below</b>  | <b>Fee Paid</b>  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Total Claims   | 21                  | -20** = 1 X 9.00 = 9.00  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Independent Claims   | 2                   | - 3** = 0 X 0.00 = 0.00  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Multiple Dependent   |                     |  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| <b>Large Entity</b>  | <b>Small Entity</b> | <b>Fee Description</b>   |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Fee Code   | Fee Code (\$)       | Fee (\$)   |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1807   | 50                  | 1807 50  | Processing fee under 37 CFR § 1.17(q)                                      |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1806   | 180                 | 1806 180   | Submission of Information Disclosure Statement                             |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 8021   | 40                  | 8021 40  | Recording each patent assignment per property (times number of properties) |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1809   | 770                 | 2809 385   | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1810   | 770                 | 2810 385   | For each additional invention to be examined (37 CFR § 1.129(b))           |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1801   | 770                 | 2801 385   | Request for Continued Examination (RCE)                                    |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| 1802   | 900                 | 1802 900   | Request for expedited examination of a design application                  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| Other fee (specify)  |                     |  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| SUBTOTAL (2)      (\$)   |                     | <b>\$9.00</b>  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
| *or number previously paid, if greater; For Reissues, see above  |                     |  |  |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |
|  |                     | <b>SUBTOTAL (3)      (\$)</b>  | <b>\$40.00</b>   |  |  |              |              |                 |          |          |               |          |  |      |     |         |                                     |      |    |         |  |      |     |          |                             |      |       |            |   |      |      |           |  |      |        |             |   |      |     |         |  |      |     |          |   |      |     |          |  |      |       |          |   |      |       |            |  |      |     |          |                  |      |     |          |  |      |     |          |                          |      |       |            |   |      |     |         |                                  |      |       |          |                                    |      |       |          |                                |      |     |          |                  |      |     |          |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |        |                        |      |    |         |                                   |      |     |          |                                       |      |    |         |  |      |    |        |  |                               |  |                 |  |                     |  |                       |                 |              |    |                         |  |                    |   |                         |  |                    |  |  |  |                     |                     |                        |  |          |               |          |  |      |    |         |                                       |      |     |          |  |      |    |         |  |      |     |          |   |      |     |          |  |      |     |          |   |      |     |          |   |                     |  |  |  |                        |  |               |  |   |  |  |  |  |  |                               |                |

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| Name (Print/Type) | Ralph D'Alessandro | Registration No.<br>(Attorney/Agent) | 28,838 | Telephone          | 661-295-5600 ext 2486 |
| Signature         |                    |                                      | Date   | February / 7, 2004 |                       |

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